

DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)
COMPANION HOMES REVIEW AND EVALUATION
SECTION G. RECORDS AND REPORTS

PROVIDER NAME	DATE
STANDARDS	PROGRAM COMPLIANCE
1. The client's records include, but are not limited to, the following:	
a. The client's name, address, and Social Security Number;	
b. Copies of legal guardianship papers, if any;	
c. Client health records;	
d. Names, addresses, and telephone numbers of relatives or responsible persons;	
e. Name, address, and telephone number of the following client's health care providers:	
1) Physician;	
2) Dentist;	
3) Mental health provider; and	
4) Others providing health care services.	
f. Health care provider's instructions regarding health care needed, including appointment dates and date of next appointment, if appropriate;	
g. Written documentation the health care provider's instructions have been followed;	
h. Medication records;	
i. A record of prosthesis and other artificial parts;	
j. A copy of the department's individual service plan (ISP); and	
k. Incident Records.	
CONTRACT	
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES:	
INITIALS	
Contractor: _____ Evaluator: _____ Resource Manager: _____	

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PROVIDER NAME	DATE
2. The contractor prepares and records all entries with the following guidelines:	
a. All records entries are recorded in ink;	
b. All record entries are recorded at the time of or immediately following the occurrence of the event recorded;	
c. All record entries are in legible writing; and	
d. All record entries are dated.	
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN/TIMELINES:	
INITIALS	

Contractor: _____ Evaluator: _____ Resource Manager: _____